									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003									10.700.505				
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS								RATE	FEE	7 7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		i	BASIC FE	+	١,,	BASIC FEE		
片	OTAL CHARGE	ABLE CLAIMS	11 minus 20=		•			XS 9=	<del>                                     </del>	1	30000		
IN IN	DEPENDENT C	ZAIMS	Cy minus 3 =		٠ ي			X43=	0,	OR			
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT				1	-	258	OR			
ľ.,	f the difference	,	+145=		OR	+290=							
• If the difference in column 1 is less than zero, enter "O" in column 2 TOTAL 643 OR TOTAL												<u> </u>	
CLAIMS AS AMENDED - PART II OTHER THE (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT													
Ā			FIGR NUME	SER	R PRESENT	1	0.475	ADDI-		DATE	ADDI-		
5		AFTER AMENDMENT		PREVIO PAID F				RATE	FEE		RATE	TIONAL FEE	
AMENDMENT	Total	رهد	Minus	-2	0	-2		XS 9=	184	бя	X\$18=		
AME	Independent	· 3	Minus		<u> </u>	"   T		, X43≖		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPEN				COAIM		j	+145=		OR	+290=		
	00	<i>2</i> >	8	// i	3	17	'ک	TOTAL ADDIT, PEE	<del>                                     </del>	OR	TOTAL ADDIT, FEE		
1	-d-0	(Column 1)	(Cotumn 3)			-	•						
8		REMAINING AFTER		HIGHE NUME PREVIO	ER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ÉR		AMENDMENT	<u> </u>	PAID		EXTRA		TALL	FEE		MAIE	FEE	
AMENDMENT B	Total	0	Minus	200	<u>大</u>	-	L	X\$ 9-		OR	X\$18=		
A	Independent	INTREPON OF MIL	Minus	ENDENT	CLAIM			X43=		OR	X86=		
_							'	+145=		OR	+290=		
	01-01	í ,						YOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
	1 201	(Column 1).		(Colum		(Column 3)							
ပ	• 7 /	CLAIMS REMAINING		NUMB	EA	PRESENT		047	ADDI-		0.000	ADDI-	
HENT		AFTER AMENDMENT		PREVIO		A WIRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDME	Total	• 117	Minus	<b>aa</b> (1)	TUN	<u>4</u>		X\$ 9=		OR	X\$18=		
¥	Independent FIRST PRESE	NTATION OF MI	Minus LTIPLE DEF	ENDENT	CLAIM	·•/	ŀ [	X43=		OİR	X86≈		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290=													
* If the entry in column 1 its less than the entry in column 2, write "0" in column 3. *** If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."										``L	TOTAL DOT, FEE		
****	I the "Highest Nu	mber Previously Pe ber Previously Paid	S For DI THE	S SPACE IS	less tha	3. enter 3."		ODIT, FEE <b>!</b> nd in the app					
		•										COMMERCIA	
FORM PTO-875 Phes. 10003 Peters and Tradement Office, U.S. DEPARTMENT OF COMMERCE													